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CONFIRMATION NO. 7191

<b>SERIAL NUMBER</b> 10/697,423	<b>FILING OR 371(c) DATE</b> 10/30/2003 <b>RULE</b>	<b>CLASS</b> 422	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 1883 B
<b>APPLICANTS</b> Yoseph Yaacobi, Fort Worth, TX; <i>Wayde</i>				
<b>** CONTINUING DATA *****</b> This application is a DIV of 10/187,006 07/01/2002 PAT 6,669,950 which is a CON of 09/664,790 09/19/2000 PAT 6,416,777 which claims benefit of 60/160,673 10/21/1999 <i>Wayde</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>None.</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/29/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after <i>allowance</i> Verified and Acknowledged <i>Paula Pope Jan</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 4
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> 26356				
<b>TITLE</b> Ophthalmic drug delivery device				
<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT. No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	